

<b>Case Number:</b>	CM14-0077674		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/06/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant has a history of a work injury occurring on 10/06/12 when he was working as a teacher and fell from a ladder. He sustained a right knee injury, head laceration, traumatic brain injury, and multiple spine fractures. He underwent a multilevel cervical fusion on 10/12/12 and was discharged on 10/26/12. He has received extensive treatment in a transitional living center. Notes document smoking marijuana and 15 cigarettes per day and drinking a six-pack of alcohol on the weekends. As of 10/28/13 medications were Neurontin, Cyclobenzaprine, Norco, Diazepam, Tramadol, and Depakote. On 11/20/13 he was having abnormal and bizarre types of behavior. Random drug screening had been positive for amphetamines and benzodiazepines. He had a history of polysubstance abuse. He was continuing to receive psychological counseling. Physical examination findings included appearing tearful. The assessment references treatment for cervical radiculopathy, mood disorder, and right knee pain, left shoulder pain with rotator cuff injury, traumatic brain injury, and headaches. Neurontin was tapered and discontinued due to vision changes. He was to continue taking Depakote and BuSpar for anxiety. On 02/03/14 he was attending narcotics anonymous meetings and denied substance abuse. Continued structured treatment was recommended. On 02/13/14 discharge from transitional care was pending. On 02/21/14 there had been improvement in his neurocognitive status. The assessment references difficulty with judgment. There was consideration of a day pass as part of progression from the transitional living program. Medications were Lisinopril, Maxzide, Flomax, Nuvigil, and Norco. Physical examination findings included appearing somewhat tangential and hyperverbal during the assessment. He had ongoing neurocognitive deficits. He was continued at temporary total disability. On 03/06/14 he was discharged from transitional living. There was concern that he was receiving duplicate medications. On 04/08/14 he was having difficulty sleeping. He was

continuing to struggle with substance abuse and was having difficulty concentrating. He had participated in psychological treatments. On 04/21/14 he reported becoming easily angered and had verbal outbursts towards his family. He was having ongoing difficulty sleeping and the progress report references continuing to struggle with staying sober and away from substances. He was having difficulty concentrating. On 04/28/14 he was running out of pain medications. He was taking diazepam 10 mg, gabapentin 100 mg, and Divalproex 500 mg. He was having right arm, low back, and leg pain. Although he denied substance abuse the report references having used substances 20 days before.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Nuvigil:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation (ODG - TWC) Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Modafinil (Provigil®) ¾ Other Medical Treatment Guideline or Medical Evidence: Pharmacological interventions for traumatic brain injury Issue: BCMJ, Vol. 53, No. 1, January, February 2010.

**Decision rationale:** The claimant is nearly two years status post work-related injury with significant trauma including a traumatic brain injury. He continues to be treated for the residual effects of his injury. He has been discharged from a transitional living program and has attended narcotics anonymous meetings and participated in psychological counseling for substance abuse. In terms of Nuvigil (Armodafinil), this medication is similar to Modafinil. Both are agents with wake-promoting actions that are similar to Sympathomimetic agents. While Nuvigil has not been studied off-label to the same extent as Modafinil, it is expected that Nuvigil will have similar clinical efficacy for these uses. Modafinil is a vigilance-promoting drug commonly used to treat narcolepsy and idiopathic hypersomnia, illnesses that can present with symptoms similar to those seen in traumatic brain injury such as excessive daytime sleepiness, inattention, and decreased ability to perform social activities. Although the precise mechanism of action remains unknown, it is believed that Modafinil can inhibit GABA or increase glutamate levels in the nondopaminergic anterior hypothalamus, hippocampus, and amygdale. Two studies that investigated the role of Modafinil in chronic traumatic brain injury showed an improvement in neurocognitive deficits, specifically memory and attention, as well as improving daytime somnolence. Therefore the prescribing of Nuvigil was medically necessary for this claimant.

**Substance Abuse 5 days a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apollo Managed Care.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Anthem Behavioral Health Medical Necessity Criteria.

**Decision rationale:** The claimant is nearly two years status post work-related injury with significant trauma including a traumatic brain injury. He continues to be treated for the residual effects of his injury. He has been discharged from a transitional living program and has attended narcotics anonymous meetings and participated in psychological counseling for substance abuse. Admission criteria for a residential substance abuse program would include the potential for clinically significant withdrawal necessitating 24-hour medical intervention to prevent complications and treatment that could not be appropriately provided at a lower level of care. In this case, although the claimant continues to struggle with substance abuse issues, he has already received extensive supervised treatment with evidence of participation in appropriate post treatment outpatient programs and treatment that would have the potential to address his needs. The requested substance abuse 5 days a week for 6 weeks is therefore not medically necessary.